



AF 10/2/03
PATENT
450100-02223 10/2/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hisashi TACHIBANA
Serial No. : 09/459,967
For : DATA PROCESSING CIRCUIT
Filed : December 13, 1999
Examiner : Nhat Q. Do
Art Unit : 2663

12/19/03
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Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 2, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

October 2, 2003

Date of Signature

No. enter
ND

10/23/03

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 11, 2003, please amend the above-identified application as follows:



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450100-02223

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Mail Stop AF
Commissioner for Patents
P.O. Box 1450,
Alexandria, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	= 20	0 ×	\$18(9)	= \$00.00
Independent claims	1	Minus	= 3	0 ×	\$86(43)	= \$.00
				Total additional fee for this amendment		\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid __, or is paid herewith __.

☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a __ month extension of time. A check covering the cost of the petition is enclosed.

☐ A check in the amount of \$__ is attached, which covers the cost of ☐ additional claims __ petition for extension of time.

☐ A check in the amount of \$.00 is attached.

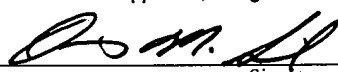
☐ Charge \$__ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

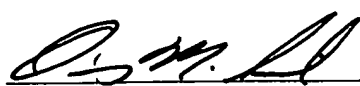
Name of Applicant, Assignee or Registered Representative


Signature

October 2, 2003

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)


By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800

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